

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3431
 Registered No. _____

1. PLACE OF BIRTH

County Pima State Arizona
 District or Township _____ or Village _____
 City Miami No. _____ St. _____ Ward _____
 (If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Donaciano Jaurige { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? yes 7. Date of birth Sept 6 1927
 Month Day Year

8. **FATHER**
 Full name Cebers Jaurige
 9. Residence (Usual place of abode) Miami, Ariz
 If non-resident, give place and state.
 10. Color or race Mexican
 11. Age at last birthday 26 (Years)
 12. Birthplace (city or place) Mexico
 (State or country)
 13. Occupation Miner
 Nature of industry Copper

14. **MOTHER**
 Full maiden name Maria Sanchez
 15. Residence (Usual place of abode) Miami, Arizona
 If non-resident, give place and state.
 16. Color or race Mexican
 17. Age at last birthday 22 (Years)
 18. Birthplace (city or place) Mexico
 (State or country)
 19. Occupation Housewife
 Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.)
 (a) Born alive and now living 1
 (b) Born alive but now dead 0
 (c) Stillborn 1
 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 12:25 P m. on the date above stated
 (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
 Signature Jr. J. Miller
 MD
 (Physician or midwife).

Given name added from a supplemental report _____
 Address Miami, Arizona
 Filed Sept 11, 27 C. E. Jory
 Registrar Registrar

415-906-429